U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
E	AUG	15	2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E \$10 1 3 Z003					
1. File Number U - 7887	2. Fiscal Year Covered From:				
,	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Dennis Gillow	Name Operating Engineers' Local 324				
	Labor Organization File Number 019-088				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110				
City Livonia	City Livonia				
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082				
5. Position in labor organization. Business Agent and Trustee					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
r.o. box, blug., Room No., it any	7.b. Amount.				
Street City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Dennies Killow	On 8/8/03 734-4623660  Date Telephone Number				
Form LM-30 (2003)					

Name of Person Filing Dennis Gillow	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor ofganization is interested.				
8. Name and address of Business (including trade name, if any).  Name BeneSys, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2075 W. Big Beaver  City Troy  State Michigan ZIP Code + 4 48084	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides clerical, administrative and computer services as a Third Party Administrator to the Union and the Fringe Benefit plans.			
Street	11.b. Approximate dollar value of such dealing. \$1,000,000			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Dinner at IUOE Annual Meeting in Florida.			
	12.b. Amount. \$250			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	Annual manual			
City	The state of the s			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			